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2008 Election



MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

2008 CAMPAIGN FINANCE REPORT – BALLOT QUESTION COMMITTEES

FOR PERSONS AND ORGANIZATIONS INVOLVED IN BALLOT QUESTION ELECTIONS (OTHER THAN PACs) (21-A M.R.S.A. § 1056-B)

COMMITTEE OR FILER Check if address is different than previously reported. ☐Name Maine ~~Association~~ Center for Economic Policy
(full name of individual, committee, firm, partnership, corporation, association, group or organization)Mailing address PO Box 437City, zip code Augusta

Telephone _____

TREASURER Check if treasurer or address is different than previously reported. ☐Name of treasurer executive director Christopher St. JohnBoard Treasurer: Lee WebbMailing address same asCity, zip code aboveTelephone 682-7381E-mail address cstjohn@mecep.orgPURPOSE FOR RECEIVING CONTRIBUTIONS AND MAKING EXPENDITURES IS TO: ☐ SUPPORT ☐ OPPOSEBallot Question Number (if known): _____ Ballot Question Title/Issue: LD

BALLOT MEASURE COMMITTEE FILING PERIODS (please indicate which report is being filed):

The first report must include all financial activity from the beginning of the campaign to the end of the report period.

	Report Type	Due Date	Reporting Period
<input type="checkbox"/>	11-Day Pre-Primary	May 30, 2008	April 1, 2008 – May 27, 2008
<input checked="" type="checkbox"/>	42-Day Post-Primary	July 22, 2008	May 28, 2008 – July 15, 2008
<input type="checkbox"/>	October Quarterly	October 10, 2008	July 16, 2008 – September 30, 2008
<input type="checkbox"/>	11-Day Pre-General	October 24, 2008	October 1, 2008 – October 21, 2008
<input type="checkbox"/>	42-Day Post-General	December 16, 2008	October 22, 2008 – December 9, 2008
<input type="checkbox"/>	January Quarterly	January 15, 2009	December 10, 2008 – January 5, 2009
<input type="checkbox"/>	<u>Amended Report:</u> If this report is an amendment to a previously filed report, check the appropriate report above and this box.		
<input type="checkbox"/>	<u>No Activity Report:</u> If the committee had <u>no</u> contributions and <u>no</u> expenditures during a reporting period, check the appropriate report and this box.		
<input type="checkbox"/>	<u>Termination Report:</u> If this is the committee's last report, check the appropriate report above and this box.		

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE.

Christopher St. John Executive Director
 Signature of Treasurer, Principal Officer or Authorized Individual

July 21, 2008
 Date

Page _____ of _____
(Schedule A only)

Name of Committee or Filer _____

**SCHEDULE A
CASH CONTRIBUTIONS**

List all contributions aggregating in excess of \$100 for this election that were received during this reporting period and include the contributor's name and address. Do not include in-kind contributions or loans on this schedule. Contributions of \$100 or less may be aggregated and listed as a lump sum.

Date received	Contributor's name, address, and zip code	Amount
	None For The purpose of The campaign activity all general support for larger organizational mission	
1. Total contributions this page only ⇒		
2. Total from attached pages (Schedule A) ⇒		
3. Aggregate contributions of \$100 or less (not itemized) ⇒		
4. Total contributions this reporting period (add lines 1 + 2 + 3) ⇒		

Maine Center for Economic Policy

Page ____ of ____
(Schedule B only)

Name of Committee or Filer

**SCHEDULE B
EXPENDITURES**

List all expenditures made to a single payee or creditor aggregating in excess of \$100 for this election and that were made during this reporting period.

Expenditure Types Requiring NO Remark		Expenditure Types REQUIRING Remark	
CON	contribution to candidate, party or committee	CNS	campaign consultants
EQP	equipment (office machines, furniture, cell phones)	OTH	other
FND	fundraising events	PRO	professional services
FOD	food for campaign events, volunteers	<p><u>For every expenditure, list the appropriate code.</u></p> <p>If a remark is required, list additional information such as type of consulting (media, messaging, campaign, etc.) or professional service provided.</p>	
LIT	printing and graphics (flyers, signs, palmcards, t-shirts, etc.)		
MHS	mail house (all services purchased)		
OFF	office rent, utilities, phone and internet services, supplies		
PHO	phone banks, automated telephone calls		
POL	polling and survey research		
POS	postage for U.S. Mail and mail box fees		
PRT	print media ads only (newspapers, magazines, etc.)		
RAD	radio ads, production costs		
SAL	campaign workers' salaries and personnel costs		
TRV	travel (fuel, mileage, lodging, etc.)		
TVN	TV or cable ads, production costs		
WEB	website design, registration, hosting, maintenance, etc.)		

Date of payment	Payee Name	Expenditure Type and Remarks		Amount
	Payee's complete mailing address	Code	Remarks	
7/3/08	Carol Kelly, Pivot Point 15 Bridge St. Portland ME 04102	CNS	communication consultant	\$3500
6/13/08	"	"	"	\$14000

1. Total expenditures this page only ⇒

7500

2. Total from attached Schedule B pages ⇒

3. Total contributions this reporting period (lines 1 + 2) ⇒

Name of Committee or Filer

SCHEDULE E SUMMARY SECTION

RECEIPTS

1. Contributions received (Schedule A, line 4)
2. Other receipts (interest income, etc.)
3. Loans received (Schedule D)
4. TOTAL RECEIPTS THIS PERIOD (lines 1 + 2 + 3)

THIS PERIOD ONLY TOTAL FOR CAMPAIGN

EXPENDITURES

5. Expenditures (Schedule B, line 3)
6. Loan repayments (Schedule D)
7. TOTAL EXPENDITURES THIS PERIOD (lines 5 + 6)

THIS PERIOD ONLY TOTAL FOR CAMPAIGN

\$ 7,500	+ 21,953 last report 29,453
\$ 7,500	

IN-KIND CONTRIBUTIONS

TOTAL IN-KIND CONTRIBUTIONS (Schedule C, line 4)

THIS PERIOD ONLY TOTAL FOR CAMPAIGN

	29,453
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